FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
~~Sandra B. Mortham~~
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/09/95--01096--005
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # G30311

1. Corporation Name: DIVINO INC.

Principal Place of Business: 170 W. CAMINO REAL, BOCA RATON FL 33432

Mailing Address: SAME

3. Date Incorporated or Qualified: 03/24/83

3a. Date of Last Report: 05/01/94

4. FEI Number: 59-2268103 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21

2a. Mailing Address: 26

Suite, Apt #, etc: 22 | Suite, Apt #, etc: 27

City & State: 23 | City & State: 28

Zip: 24 | Country: 25 | Zip: 29 | Country: 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAIRANCY CHANTAL
6644 SWEET MAPLE LN.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MARANCY, CHANTAL	1.2 NAME	
STREET ADDRESS	6644 SWEET MAPLE LN	1.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33433	1.4 CITY ST ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	MARANCY, JEAN	2.2 NAME	
STREET ADDRESS	6644 SWEET MAPLE LN	2.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33433	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	88511
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CMarancy CHANTAL MARANCY President 04-30-95 407-368-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #